

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15477

State File No. ....

FILED MAY 6 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 826

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Affton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
9406 Sterling  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Robert Bruce Miller

3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security  
name war \_\_\_\_\_ No. 168-03-5035

4. Sex male 5. Color or white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mary Lula Miller 6. (c) Age of husband or wife if  
alive 57 years  
7. Birth date of deceased March 22, 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 0 11 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation SuPt.

11. Industry or business Koppers Co. Tar Products

MOTHER FATHER { 12. Name Not known  
13. Birthplace Not known Not known  
(City, town, or county) (State or foreign country)  
14. Maiden name Not known  
15. Birthplace Not known Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Lula Miller

(b) Address 9406 Sterling

17. (a) burial (b) Date thereof 4/6/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. L. Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) APR 6 1943 (b) C. H. McDaniel  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Affton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9406 Sterling  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 3rd  
year 1943 hour 11:55 minute P M

21. I hereby certify that I attended the deceased from March 9th  
1943 to Apr 3rd 1943  
that I last saw him alive on Apr 3rd 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder 24/10  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature C. H. McDaniel (M. D. or other) \_\_\_\_\_  
Address 3606 Gravois Date signed 4/5/43

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

MAY 5 1948

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*B. P. Kidwell*

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**